

# LONG-TERM TRAINING (LTT) POST EVALUATION

(ER-350-1-416)

This evaluation should be completed one year after completion of the LTT assignment.  
This evaluation must be forwarded to CDR, USACE (CEHR-HD), Washington, D.C. 20314-1000

1. NAME (Last, First, MI)

2. EMPLOYING ACTIVITY (Complete mailing address)

## PART I - JOB DATA PRIOR TO LTT

3. LOCATION

4. OFFICIAL TITLE, SERIES, AND GRADE (from your SF 50, Notification of Personnel Action)

5. ORGANIZATIONAL TITLE (e.g., Project Manager)

6. LOCATION IN EMPLOYING ACTIVITY (Section, Branch, Division)

7. BRIEF DESCRIPTION OF YOUR DUTIES

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## PART II - LTT ASSIGNMENT DATA

8. END OF SERVICE OBLIGATION (enter date)

9. LTT PROGRAM TITLE AND TYPE

a. TITLE (e.g., MRGP)

b. TYPE (e.g., developmental assignment, university courses)

10. SCHOOL/TRAINING ACTIVITY

11. ACTUAL PERIOD OF ATTENDANCE

From: \_\_\_\_\_ To: \_\_\_\_\_

12. ACADEMIC ACHIEVEMENT (Did you earn an academic degree as a by-product of the LTT Program?)

YES  NO

If answer is YES, complete as appropriate: a. DEGREE: \_\_\_\_\_

b. ACADEMIC DISCIPLINE: \_\_\_\_\_ c. DATE AWARDED: \_\_\_\_\_

## PART III - CURRENT JOB DATA

13. LOCATION

14. OFFICIAL TITLE, SERIES, AND GRADE (from your SF 50, Notification of Personnel Action)

15. ORGANIZATIONAL TITLE (e.g., Project Manager)

16. LOCATION IN EMPLOYING ACTIVITY (Section, Branch, Division)

17. SUMMARY OF POSITIONS HELD SINCE LONG-TERM TRAINING. (If you have changed positions since you were selected for LTT, give series, grade, position title, and effective date for each change.)

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**PART III - CURRENT JOB DATA (Cont'd)**

18. BRIEF DESCRIPTION OF CURRENT DUTIES

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19. LTT ASSIGNMENT BENEFITS. *(Describe how your LTT assignment prepared you for your current job.)*

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**PART IV - SUPERVISOR'S EVALUATION**

*(To be completed by the supervisor if the trainee has not changed positions since the LTT assignment.)*

20. MISSION IMPACT *(Describe impact of trainee's participation in LTT on mission accomplishment.)*

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21. REMARKS *(Use this space for continuation of above data items (Part I thru IV), as necessary, and for any additional comments on LTT.)*

22. TRAINEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

23. SUPERVISOR'S NAME *(Type or print)* \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_